



**Testimony of the Connecticut Children's Medical Center
to the Insurance and Real Estate Committee regarding
Senate Bill 5 An Act Concerning Health Insurance Coverage for Telemedicine Services
February 3, 2015**

Senator Crisco, Representative Megna, members of the Insurance and Real Estate Committee, thank you for the opportunity to share my thoughts about *Senate Bill 5 An Act Concerning Health Insurance Coverage for Telemedicine Services*. My name is Dr. MacDara Tynan, and I am the Medical Director at Connecticut Children's Medical Center's inpatient unit in Waterbury located at Saint Mary's Hospital. I am submitting this testimony in support of the proposed legislation because telemedicine services have the potential to improve access to pediatric health care services while promoting cost efficiency.

Connecticut Children's Medical Center is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's Medical Center is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has 2,200 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

If the State of Connecticut wants to maintain access to the full spectrum of pediatric health care services for all of its children, there must be a relationship between Medicaid cost coverage for the services Connecticut Children's provides and Medicaid volumes. While the number of children served by Connecticut Children's has risen, Medicaid cost coverage has decreased since 2008 from 91% to 64% in 2014. This has resulted in Connecticut Children's Medicaid shortfall increasing from \$7.6 million to \$63 million per year during the same time period.

By requiring insurance policies to reimburse for telemedicine consultations, Senate Bill 5 provides numerous benefits to patients and families by promoting access to care and helping to overcome existing barriers to the efficient use of health care resources. Telemedicine consultations could permit the sharing of pediatric clinical expertise and resources that are currently limited to a few areas in the State. Specifically, reimbursement for telemedicine consultations could:

- allow all hospitals, emergency departments, and primary care providers immediate access to the full array of pediatric subspecialty services that are available at Connecticut Children's main campus in Hartford;
- permit prompt access to tertiary care resources, particularly in emergencies or critical

- situations;
- facilitate the prompt allocation of required resources to areas with identified needs; and
- enable clinical practices across the State to harness recent developments in telemedicine and technological innovations.

The bottom line is that the pediatric health care system can use telemedicine as a tool to improve access to needed services for children in a way that saves money for health care providers, insurers and families. Improving a child's timely access to the right expertise, irrespective of where they live, can help avoid unnecessary tests or treatments and potentially decrease the duration of illness.

I can provide a specific example of the potential benefits of telemedicine from my own practice. Patients with Sickle Cell Disease who are admitted to the hospital at Connecticut Children's inpatient unit in Waterbury are monitored in person by our local clinical team, but we work closely with the hematologists who are based at Connecticut Children's main campus in Hartford. Our collaboration is conducted by email and phone calls, but we cannot do audio-visual consults which would provide better information and promote more efficient medical decision making. If telemedicine consults were recognized and reimbursed as a form of clinical treatment, it would make more efficient use of our collective clinical expertise and get children the right treatments more quickly. Similar benefits could be realized through telemedicine consults with other subspecialties based in Hartford including, but not limited to, cardiology and infectious disease. In addition, can you imagine the potential benefits, when a child who becomes seriously ill or injured and presents to their nearest community hospital's emergency room, if the providers there could avail of telemedicine to obtain support and advice from their ER colleagues at a tertiary care facility, such as Connecticut Children's?

At a time when state and national policymakers are seeking health care system reforms that will keep children healthy while lowering the cost of care, reimbursement for telemedicine services would improve the efficient use of the pediatric clinical expertise that already exists in Connecticut. I urge you to pass Senate Bill 5.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.